



**Mississippi Department of Mental Health
Certified Peer Support Specialist**

**INFORMATION GATHERING FORM
(Recipient of Services)**

**MISSISSIPPI PEER SUPPORT SPECIALIST INFORMATION
GATHERING FORM (Recipient of Services)**

NAME: _____ DATE: _____

ADDRESS: _____

PHONE (HOME): _____ PHONE (CELL): _____

EMAIL: _____

Are you fluent in any other language(s) besides English? Yes No

If yes, what language(s)? _____

Please answer the following questions on your own. Your answers can be brief, but you must use complete sentences. Your handwriting must be legible. You may use a dictionary. **This is not about right and wrong answers.** It is a brief examination to assess your reading and writing skills as well as your understanding of the requirements to become a Certified Peer Support Specialist in the State of Mississippi and your lived experience with recovery. Certified Peer Support Specialists assist consumers and family members they serve in many activities requiring these skills. If you need additional space for your answers, request an additional sheet of paper.

1.) In your own words, what does recovery mean to you? What factors were important in your recovery?

2.) What does the Certified Peer Support Specialist job mean to you, and why would you like to be employed as a Certified Peer Support Specialist?

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3.) What types of experiences have you had in advocating for individuals receiving services? Please describe in detail, listing efforts in letter writing, personal advocacy, support of other family members, public testimony, programs you began, the work you are doing now, etc. Be specific.

4.) What types of seminars, trainings, or workshops have you attended in the last three years that would be relevant to your work as a peer support specialist (e.g., Wellness Recovery Action Plan Facilitator, Person Centered Planning, Personal Outcomes Measures, Wraparound 101, NAMI Peer to Peer, etc.)? Please be prepared to provide documentation upon request.

5.) What do you do on a daily basis to maintain your recovery and personal wellness?

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PERSONAL COMMITMENT

The Mississippi Peer Support Specialist Training requires a significant commitment of time and energy. Significant amounts of reading, homework, review worksheets, full participation, and a final test will be required. Please consider your ability to commit time and energy to this project before continuing.

If accepted into the program, I will attend and actively participate in the full 4-day training and participate in discussion and role plays utilizing my personal experiences and sharing my recovery and/or support story. Failure to attend entire training will result in the need to retake the entire course. I understand that I am not guaranteed employment or a volunteer position as a result of participating in the training.

My signature affirms that all answers in the Peer Support Specialist Information Gathering Form are true to the best of my knowledge.

Signature

Date

Legal Representative (if applicable)

Date

If you have additional questions, please contact the Mississippi Department of Mental Health, Office of Consumer Support at 601-359-1288. **You will receive a Confirmation Letter within 5-6 business days on receipt of all or part of your Application.** If you do not, please contact the Department immediately.

**Mail to:
Mississippi Department of Mental Health
239 North Lamar Street
1101 Robert E. Lee Building
Jackson, MS 39201**

Attn: Mississippi Certified Peer Support Specialist Program

Thank you for completing the Mississippi Peer Support Specialist Information Gathering Form.